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FM AMEMBASSY TOKYO
TO RUEHC/SECSTATE WASHDC 5079
INFO RUEHZN/EST COLLECTIVE
RUEHOK/AMCONSUL OSAKA KOBE 0847
RUEHNH/AMCONSUL NAHA 0112
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RUEHFK/AMCONSUL FUKUOKA 7534
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UNCLAS SECTION 01 OF 03 TOKYO 004425

SIPDIS

DEPT FOR EAP/J, OES/IHA AND S/GAC
DEPT PASS TO NIH/NIAID WESTERN
HHS FOR OGHA BHAT AND ELVANDER

SIPDIS

E.O. 12958: N/A
TAGS: TBIO SOCI KHIV AMED KSCA JA
SUBJECT: JAPAN'S ANNUAL REPORT ON HIV/AIDS FOR 2005

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SUMMARY

¶1. According to Japan's Ministry of Health, Labor and Welfare (MHLW) AIDS Surveillance Committee Annual Report on the HIV/AIDS Epidemic for 2005, a total of 832 new HIV-positive cases and 367 new AIDS cases were reported in Japan during the year. While the number of new HIV positive cases increased by 52, the number of new AIDS cases decreased by 18 from the previous year. The cumulative number of HIV and AIDS cases in Japan for a two decade period covering 1985-2005 totaled 7,392 and 3,644 respectively. HIV has been spreading particularly among Japanese males, with sexual contact as the major route of infection for both HIV and AIDS. Infections of HIV through mother-to-child transmission accounted for less than one percent of the total cases. However, cases of AIDS stemming from drug use hit a record high of 1.9 percent of total cases in 2005.

¶2. As transmission through same-sex intercourse was the major HIV/AIDS infection route in 2005, the AIDS Surveillance Committee warned the government again that it would be necessary to promote active countermeasures to prevent further HIV infections in the homosexual population. The committee also stressed the importance of education, especially for young females. In addition to Tokyo and its surrounding prefectures, Osaka, Aichi, Fukuoka and Okinawa reported an increase in the number of HIV/AIDS cases. The committee warned that local governments should take appropriate actions to prevent HIV from further spreading in their areas of responsibility.
End summary.

HIV-positive Cases in 2005

¶3. The number of HIV-positive cases has been increasing in Japan since 1996. In 2005, 832 new HIV-positive cases were reported, up 52 cases from the previous year. The total broke the record 780 new cases reported in 2004. Eighty-eight percent of the cases were contracted through sexual contact -- 63.6 percent through homosexual and 24.4

percent through heterosexual intercourse. Japanese males accounted for 85.2 percent of the total number of cases reported. The routes of infection for the remaining cases were divided into the following categories: intravenous drug use (0.4 percent), mother-to-child transmission (0.1 percent), unknown (10.2 percent) and other (1.3 percent).

AIDS Cases in 2005

¶4. In 2005, 367 new AIDS cases with fully developed symptoms were reported, down 18 cases from the previous year. Japanese males accounted for 79.3 percent of the total number of AIDS cases reported. 73.3 percent of the AIDS cases were contracted via sexual contact - 36.8 percent through homosexual contact and 36.5 percent through heterosexual intercourse. The remaining cases were divided among the following categories: intravenous drug use (1.9 percent), mother-to-child transmission (0.0 percent), unknown (22.3 percent) and other (2.5 percent).

Cumulative HIV/AIDS Cases

¶5. Since the start of the national survey in 1984, a cumulative total of 7,392 HIV cases and 3,644 AIDS cases have been logged in Japan. However, those HIV and AIDS patients (approximately 1,431) who contracted the virus through contaminated blood products for hemophilia patients in the 1980s are not included in these numbers. The following are the cumulative percentages of HIV cases, listed by infection routes: 37.5 percent through heterosexual contact, 42.2 percent through homosexual contact, 0.5 percent through intravenous drug use, 0.4 percent through mother-to-child transmission, 1.9 percent

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through other routes and 17.4 percent through unknown routes. AIDS cases also yielded similar figures: 42.8 percent through heterosexual contact, 27.0 percent through homosexual contact, 0.8 percent through intravenous drug use, 0.5 percent through mother-to-child transmission, 2.6 percent through other routes and 26.3 percent through unknown routes.

¶6. Among the HIV cases, Japanese males accounted for 66.0 percent followed by non-Japanese females (16.2 percent), non-Japanese males (10.6 percent), and Japanese females (7.2 percent). Among the AIDS cases, Japanese males accounted for 71.0 percent followed by non-Japanese males (16.0 percent), non-Japanese females (7.5 percent), and Japanese females (5.5 percent). Although the number of Japanese female HIV cases has stabilized since around 2001, the survey showed that more Japanese females in the 15-19 year-old and 20-24 year-old age brackets were infected with the HIV virus through heterosexual contact than their Japanese male counterparts.

¶7. Infections in the areas of Kanto and Koshinetsu which includes Tokyo and its neighboring prefectures such as Ibaraki, Tochigi, Gunma, Saitama, Chiba, Kanagawa, Niigata, Yamanashi, and Nagano accounted for 68.9 percent and 68.4 percent of the total numbers of the nation's HIV and AIDS cases respectively. The number of HIV cases in Tokyo has markedly increased since 1996, reaching 38.6 percent and 29.8 percent of Japan's total HIV and AIDS cases respectively. Though centered in Tokyo and its neighboring prefectures, infections have been also spreading in other areas such as Osaka, Aichi, Fukuoka and Okinawa.

¶8. Although new AIDS cases in 2005 decreased from 2004, Japan's HIV/AIDS epidemic trend in 2005 did not change much from the previous year. The number of new HIV/AIDS cases hit a record high once again. MHLW has requested a Yen 8.9 billion (USD 76 million) budget to cope with the spread of HIV/AIDS for JFY 2006. This amount is in line with what the Ministry requested the previous year.

¶9. MHLW has also established a liaison council for the 16 prefectures and cities that have reported a considerable number of new infections. Its first meeting took place on June 26. The council includes prefectural officials from Ibaraki, Saitama, Chiba, Tokyo, Kanagawa, Yamanashi, Nagano, Aichi, Osaka and Okinawa and metropolitan government officials from their respective capitol cities. The council was established in accordance to MHLW's revised AIDS prevention guidelines, which took effect in April 2006. These require the central and local governments to clarify their roles and responsibilities and to strengthen countermeasures taken by local authorities to fight the further spread of AIDS.

International Community Urges More Public and Private Action

¶10. The international community has been critical of the lack of concern shown by the GOJ about the spread of HIV/AIDS domestically, even though the number of new HIV infections is increasing every year in Japan. In a report released by the International AIDS Vaccine Initiative (IAVI) entitled "AIDS Vaccine Development in Japan" in May 2006, IAVI pointed out the contradictory nature of Japan's remarkable lack of interest in domestic HIV/AIDS issues even though the country is a major supporter of the Global Fund to Fight AIDS, Tuberculosis and Malaria. IAVI encouraged Japanese officials to consider policies and measures beyond the simple provision of information and education mostly targeted at the general public. The international community has also requested greater commitment from Japanese private companies to the fight against HIV/AIDS. On May 31, Richard Holbrooke, former United States Ambassador and President of the Global

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Business Coalition (GBC), urged Japanese companies to join the GBC during a press conference held at the United Nations. The GBC is an organization that is leading the fight against HIV/AIDS in the business world, and has over 200 member companies. However, not one of those companies is Japanese.

SCHIEFFER